

Alexandria Department of Recreation, Parks and Cultural Activities
Youth Sports Office
1108 Jefferson Street Alexandria, Virginia 22314
(703) 838-4345

Wahoo Swim Team

A separate form is required for each participant

Registration and Release Form

Fees: \$100.00 for 1st child, \$80.00 for 2nd child, \$60.00 for 3rd child and up
Non-Resident Swimmers: \$120.00 for 1st child, \$100.00 for 2nd child,
\$80.00 for 3rd child and up
Make checks or money orders payable to City of Alexandria

Participant Name: _____

Date of Birth: _____ Age: _____ Sex: M or F

Parent/Guardian: _____

Street Address: _____

City/State/Zip: _____

E-Mail Address: _____ Emergency Phone: _____

Home Phone: _____ Work Phone: _____

In consideration of the City of Alexandria, Department of Recreation, Parks and Cultural Activities conducting various programs and allowing _____ to participate in such programs, the undersigned, realizing the risk of injury attendant of such programs, does hereby release and forever discharge the City of Alexandria and the City's Department of Recreation, Parks and Cultural Activities and its officers, agents and employees from any and all actions, causes of action, claims or liability resulting from or arising out of or based upon any bodily injury or property damage which may be sustained by the undersigned's child while participating in such programs.

Per the City of Alexandria policies, registration information of each participant is provided to the Alexandria Department of Recreation, Parks and Cultural Activities (ADRPCA) for recreation department programs only.

Signature of Participant or Parent/Guardian if under 18

Date

Insurance Requirement

Fee: \$4.00 per swimmer payable to Colonial Swim League (separate check)

Fee subject to change. Each participant is required to purchase insurance through the United States Swimming Association. Please make separate check with "Insurance Fee-Wahoo" shown on the memo line of the check. Please submit insurance payment with your registration.

Official Use Only: Check #: _____ Amount: _____ Date: _____